MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02693

CERTIFICATE OF DEATH

Reg. Diat. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: La Plata
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? En route

Hospital, Institution, or street address where death occurred:
En route to Physicians Dental Hospital

How long in hospital or institution? D.O.A.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Pa. County:

City or town: Philadelphia
(If outside city or town limits, write RURAL and give nearest town)

Street No. 2021 West Berks St.
(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Eagle Burrell

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Widowed

6.(b) Name of husband or wife: Isaiah Burrell

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): October 9, 1895

8. AGE:	Years	Months	Days	If less than one day
	52	5	10	hrs. min.

9. Birthplace: Gloucester Va.
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business:

FATHER — 12. Name: Robert Thornton

FATHER — 13. Birthplace: Gloucester Va.

MOTHER — 14. Maiden name: Susan Dean

MOTHER — 15. Birthplace: Va.

16. Informant: Eagle Burney

Address: 2338 N. 22nd St Phila Pa

17. Burial (Burial, cremation, or removal. WHICH?) Date thereof: 3-25-48 (month) (day) (year)

Cemetery or crematory: Mt Lawn Cemetery

Location: Philadelphia Pa

18. Funeral director: Hunt & Pyson

Address: Waldorf Md

19. 3-23 19 48 (Date rec'd by registrar) Julia H. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 19, 1948 at 12:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from on March 19, 1948, to 19; and that ~~last~~ saw h~~im alive~~ on 19

Immediate cause of death	DURATION
Acute dilatation of heart	Minutes
Due to: Congestive heart failure	1 yr. +
Due to: Unknown, but probably essential hypertension	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Deputy Medical Examiner
Jno. L. MacSavanagh, M.D.
M. D. or other

Address: La Plata, Md. Date signed: 3-19-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

02694

CERTIFICATE OF DEATH

Reg. Diat. No. 105

1. PLACE OF DEATH:
County: Charles
City or town: LaPlata
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1905
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State: Md County: Charles
City or town: LaPlata, Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Kenneth Randall Clark

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	M.

6.(b) Name of husband or wife: Mary Gardiner Clark
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 20, 1896

8. AGE: Years 51 | Months 8 | Days 20 | If less than one day ..... hrs. ..... min.

8. Birthplace: Newburgh, Chas Co. Md.
(Town, county, and state)
10. Usual occupation: Gas - Station Operator
11. Industry or business:
FATHER 12. Name: Wm Randall Clark
13. Birthplace: England
MOTHER 14. Maiden name: Mary Hacker
15. Birthplace: Va
16. Informant: Mrs Mary S. Clark (wife)
Address: LaPlata, Md.
17. Burial, cremation, or removal. Which? Burial Date thereof 3/13/48 (month) (day) (year)
Cemetery or crematory: Mt. Rest
Location: LaPlata, Md.
18. Funeral director: Hewitt Ryon
Address: Waldorf, Md.
19. 3/13 1948 M. L. Mudd Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3-11 1948 at 8:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-1 1948 to 3-11 1948 and that I last saw h... alive on 3-11 1948

Immediate cause of death: Coronary Thrombosis — DURATION: 3-11-48
Due to: Arteriosclerotic Heart Disease — DURATION: ?
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operation: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: C. Edelen (M.D.) M. D. or other
Address: LaPlata Md Date signed 3-12-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02695

CERTIFICATE OF DEATH

Reg. Dist. No. 102

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH
County: Charles
City or town: Riverside
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles
City or town: Riverside
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Alexander Forsey.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	Widowed

6.(b) Name of husband or wife: Emma Forsey
6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): 1890

8. AGE: Years: 58 | Months: — | Days: — | If less than one day: ... hrs. ... min.

9. Birthplace: Charles Co. Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Henry Forsey
13. Birthplace: Charles Co. Md.

MOTHER
14. Maiden name: Jackson
15. Birthplace:

16. Informant: Julia Carroll.
Address: Riverside

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mch 31 1948 (month) (day) (year)
Cemetery or crematory: Oak Grove.
Location: Riverside, Md.

18. Funeral director: Stanley Riley
Address: Mason Springs Md

19. Mch 31 1948 (Date rec'd by registrar) C. V. Thompson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mch 27 1948, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mch 8 1948 to ... 1948 and that I last saw him alive on Mch 8 1948

Immediate cause of death: Cardio-vascular-renal disease

	DURATION
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Geo. C. Bickwell M.D.
M. D. or other
Address: Marlay Md Date signed: 4/30/48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02696

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:
County: Charles
City or town: Riverside
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 mos
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Washington D C
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Dora K. Goodman

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6.(b) Name of husband or wife: Charles Goodman
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): December 16 1872

8. AGE:	Years	Months	Days	If less than one day
	75	2	17	hrs. min.

9. Birthplace: Washington, D.C. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER — 12. Name: John Diebold
13. Birthplace: Germany
MOTHER — 14. Maiden name: Wilhelmina Redsmeg
15. Birthplace: Germany
16. Informant: Mabel G. Lewis
Address: Washington D C
17. Burial, cremation, or removal. Which?) Burial Date thereof: Mch 4, 1948 (month) (day) (year)
Cemetery or crematory: Glenwood
Location: North Capitol St. Wash. D.C.
18. Funeral director: Lee
Address: 4th & Mass Ave. N.E.
19. Mch 4 1948 (Date rec'd by registrar) Mary Smallwood Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 4, 1948 at 3 25 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 7 1948 to Mch 4 1948
and that I last saw her alive on Mch 4 1948

Immediate cause of death	DURATION
Mammary Carcinoma	
	1 yr 2 mo.
Due to:	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: George C. Bickell M.D.
M. D. or other
Address: Marbury Md Date signed: Mch 4 48

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Proctor

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

02697

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH

County Charles

City or town Ex-Route -La Plata

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Charles

City or town Welcome

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Alfonso Proctor

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	Col	M.

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 60 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Walter Proctor

13. Birthplace Md.

MOTHER 14. Maiden name Cecelia Swann

15. Birthplace Md

16. Informant Jerry Thompson

Address Welcome

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-30-48 (month) (day) (year)

Cemetery or crematory St. Ignatius

Location Bel Alton Md

18. Funeral director Hyatt & Bryan

Address Waldorf Md

19. 3-30 (Date rec'd by registrar) 1948 Julia H. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-27 1948 at 8 30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19 ... to ... 19 ... and that I last saw h... alive on ... 19 ...

Immediate cause of death Coronary Occlusion — DURATION 3-27-48

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Hedden M. D. (or other)

Address La Plate Md Date signed 3-29-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct name and age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02698

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: Mr Bel Alton Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Charles

City or town: Indian Head Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Richard A Smith

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W.	S.

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): ~~March 26~~ May 26-1919

8. AGE: Years: 28 Months: Days: If less than one day: hrs. min.

9. Birthplace: Washington DC (town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business:

FATHER 12. Name: Lemuel Smith

13. Birthplace: Unknown

MOTHER 14. Maiden name: Lidia Davis

15. Birthplace: Unknown

16. Informant: Loretta Johnston

Address: 2814 - Erie St S.E. Wash D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3-16-48 (month) (day) (year)

Cemetery or crematory: Arlington Mem

Location: Arlington Va

18. Funeral director: Hunter & Ryon

Address: Waldorf Md

19. 3-14-48 (Date rec'd by registrar) 19 Julia H. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3-14 1948 at 1:30 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ..... 19 to ..... 19 ..... and that I last saw h... alive on ..... 19 .....

Immediate cause of death	DURATION
Broken Neck	3-14-48
Due to: auto accident	3-14-48
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of: 3-14-48

Where did injury occur? Nr. Bel Alton (City or town) Chas (County) Md. (State)

Injured at home, farm, industry, public place (where?): Route 301

Means of injury: auto accident Injured at work? no

23. SIGNATURE: E J Kedelen (M.D.) M. D. or other

Address: La Plata Md. Date signed: 3-14-48

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02699

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
County: Charles
City or town: Rural Hughesville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Hughesville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Ernest Eugene Thompson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	S.

6.(b) Name of husband or wife
6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): 8-29-46

8. AGE: Years: 1 | Months: 6 | Days: 24 | If less than one day: ... hrs. ... min.

9. Birthplace: Hughesville, Chas. Co. (Md.)
(Town, county, and state)

10. Usual occupation: Agency, Pr. Geo, Md

11. Industry or business: Agency

FATHER
12. Name: James Robt. Thompson
13. Birthplace: Pr. Geo Co.

MOTHER
14. Maiden name: Mary Lucie Savoy
15. Birthplace: Chas Co.

16. Informant: Father
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-23-48 (month) (day) (year)
Cemetery or crematory: Rose Hill Cemetery
Location: Waldorf

18. Funeral director: Smith & Lyon
Address: Waldorf Md

19. 3-23- (Date rec'd by registrar) 1948 Julian H. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3-22 1948 at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...
and that I last saw him alive on Examines case 19...

Immediate cause of death	DURATION
Pneumonia	3-21-48
Due to Lobar (4/23/48-45)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of ...
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE: [illegible] M.D.
M. D. or other
Address: Leonardtown, Md. Date signed 3-23-48

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

144a cB

02760

CERTIFICATE OF DEATH

Reg. Diat. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: La Plata

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 hrs.

Hospital, Institution, or street address where death occurred:

Physicians Memorial Hospital

How long in hospital or institution? 8 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Va. County: Northumberland

City or town: Brown's Store

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Maria ~~Tomlin~~ Augusta Tomlin (Tomlin)

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Married

6.(b) Name of husband or wife: m. Leon Tomlin

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): Aug. 28, 1905

8. AGE: Years	Months	Days	If less than one day
42	6	8	..... hrs. ..... min.

9. Birthplace: Northumberland Co. Va.
(Town, county, and state)

10. Usual occupation: Maid

11. Industry or business: own home

FATHER
12. Name: Samuel Palmer
13. Birthplace: Northumberland Co., Va.

MOTHER
14. Maiden name: Ellen Green
15. Birthplace: Northumberland Co, Va

16. Informant: Ruth Wilson (Sister)

Address: 1948 - Mosher St. Balto, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-10-48 (month) (day) (year)

Cemetery or crematory: First Baptist

Location: Westside, ~~Fork~~ Va.

18. Funeral director: Mrs. Julia Weldon

Address: Burdette, Virginia

19. 3-8 19 48 (Date rec'd by registrar) Julia H. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 7, 1948, at 8:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~from~~ on March 7, 1948, to ~~19~~ and that I last saw h.er alive on March 7, 1948

Immediate cause of death	DURATION
Concealed uterine hemorrhage	1 1/2 hrs.
Due to: Premature separation of the placenta (complete)	1 1/2 hrs.
Due to:	
Other conditions: Eclampsia gravidarum	9 hrs.

(Include pregnancy within 3 months of death)

Major findings of operations: — Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: John L. MacKavanagh, M.D. M. D. or other

Address: La Plata, Md Date signed 3-7-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

Evidence for addition of marital status and change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170C

02701

CERTIFICATE OF DEATH

[redacted] No. G 115 APR 14 1948

Reg. Dist. No. 106

1. PLACE OF DEATH:
County: Charles
City or town: Indian Head
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 minutes.
Hospital, institution, or street address where death occurred: U.S. Naval Dispensary, Indian Head, Md.
How long in hospital or institution? 5 minutes.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State: Md. County: Charles
City or town: Deutsville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Calvin Roy Watson

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): November 8 1930

8. AGE: Years 17 Months 4 Days 27 If less than one day ..... hrs. ..... min.

9. Birthplace: C. Geo Co (Town, county, and state)

10. Usual occupation: Farm

11. Industry or business:

FATHER 12. Name: Roy Watson
13. Birthplace: Chas Co Md

MOTHER 14. Maiden name: Hezy Watson
15. Birthplace: C. Geo Co

16. Informant: Roy Watson
Address: Deutsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-17-48 (month) (day) (year)
Cemetery or crematory: St Marys
Location: New Part Md

18. Funeral director: Arnold & Tyeryar
Address: Waldorf Md

19. 3/15/48 (Date rec'd by registrar) Odey Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 14 1948 at 5-20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death: Fracture, skull Left Femur, etc result.	
Due to: Automobile Accident	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

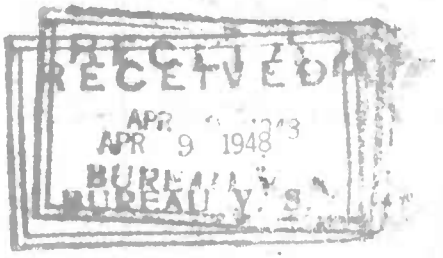
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of 3-14-48
Where did injury occur? Route 425 Pisgah Charles Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) State Road.
Means of injury: Automobile accident Injured at work? No.

23. SIGNATURE: Frederick Grace M.D.
M. D. or other
Address: Indian Head Md Date signed 3-14-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M


RECEIVED
APR 9 1948
BUREAU OF STANDARDS

Virgie Winkler

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

02702

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
County Charles
City or town Bel Alton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Charles
City or town Bel Alton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Virgie E. Winkler

3.(b) Social Security Number

4. Sex F | 5. Color or race W | 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband ~~or wife~~ Joseph Winkler

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 1, 1888

8. AGE: Years 59 | Months 10 | Days 27 | If less than one day ____ hrs. ____ min.

9. Birthplace Chas. Co. Md.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Jarret Rice

13. Birthplace St. Marys Co. Md.

MOTHER 14. Maiden name Dacie E. Farran

15. Birthplace Chas. Co. Md.

16. Informant Marguerite Swann
Address Bel Alton, Md

17. Burial Date thereof 3/30/48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory St. Ignatius
Location Bel Alton, Md

18. Funeral director Hunt & Ryon
Address Waldorf, Md.

19. 3-30-48 19 Julia H. Posey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 28 March 1948, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1947 to 28 March 1948 and that I last saw her alive on 10 March 1948

	DURATION
Immediate cause of death Left ventricular failure.	2 hrs.
Due to Arteriosclerotic heart disease	4 years
Due to	
Other conditions Diabetis	4 years

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. B. Woodard M.D.
M. D. or other
Address La Plata, Md. Date signed 29 March 48

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02703

Reg. Dist. No. 105

1. PLACE OF DEATH: County Charles
City or town Bryantown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Charles
City or town Bryantown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If roral, give LOCATION)
2.(a) If veteran, name war.

3. (a) FULL NAME John Fredrick Young

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Colored	Single

6.(b) Name of husband or wife —
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) June 15 1947

8. AGE: Years	Months	Days	If less than one day
	8	19	..... hrs. ..... min.

9. Birthplace Bryantown Charles Co
(Town, county, and state)
10. Usual occupation None
11. Industry or business

FATHER
12. Name James Young
13. Birthplace Charles Co Md

MOTHER
14. Maiden name Helen Brown
15. Birthplace Charles Co Md

16. Informant James Young
Address Bryantown

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-4-48 (month) (day) (year)
Cemetery or crematory St Marys
Location Bryantown Md
18. Funeral director Edwin McDonald
Address Hughesville Md

19. 3/3 (Date rec'd by registrar) 1948 M. L. Monroe Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March - 3 1948 at 1 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ..... 19.. to ..... 19..
and that I last saw ..... alive on ..... 19..

Immediate cause of death	DURATION
Unknown	3-3-48
Due to	
Due to	
Other conditions Supposed to have had a bad cold.	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L. J. Medalen (M. D.)
Address La Plata Md. M. D. or other
Date signed 3-3-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15